

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		2. ADDRESS OF OCCURRENCE 10 N KILBOURN AVE CHICAGO, IL 60624		3. LOCATION CODE 220		4. BENT/OCCUR 1113	
5. POSITION 9181		6. LAST NAME BRACKEN		7. FIRST NAME MATTHEW J		8. STAR NO. 13910	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 608		12. HT. 205	
13. DATE OF APPT 18-DEC-2006		14. EMPLOYEE NO. 153		15. UNIT & BEAT OF ASSIGNMENT 4430A		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME JACOBS		22. FIRST NAME TIFFANI		23. RACE <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. D.O.B. 28-MAY-1981	
25. HT. 508		26. WT. 200		27. RACE BLK		28. D.O.B. 28-MAY-1981	
29. ADDRESS 305 S CENTRAL PARK BLVD CHICAGO, IL 60624		30. TELEPHONE NO.		31. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? E.R.		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
37. CHARGES PLACED		38. D.N.A.		39. CB NO. 18149679		40. IR NO.	
41. SUBJECTS ACTIONS		42. ACTIVE RESISTER		43. ASSAULT/ASSAULT		44. ASSAULT/BATTERY	
45. MEMBER'S RESPONSE		46. OPEN HAND STRIKE		47. ELBOW STRIKE		48. KNEE STRIKE	
49. WEAPON TYPE		50. INCIDENT OCCURRED		51. LIGHTING CONDITIONS		52. WEATHER CONDITIONS	
53. TASER DART ID NO		54. WEAPON SERIAL NO. (Include Letters)		55. CHICAGO GUN REG. NO.		56. FIREARM OWNER ID. NO	
57. SPECIAL WEAPON CERTIFICATE NO.		58. PROPERTY INVENTORY NO.		59. TYPE OF AMMUNITION USED		60. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
61. WHO FIRED FIRST SHOT		62. WAS FIREARM RELOADED DURING INCIDENT		63. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		64. HOW WAS MEMBER'S HANDGUN WORN	
65. HOW WAS MEMBER'S HANDGUN DRAWN		66. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		67. DID MEMBER USE SIGHTS		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	
69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		70. POSITION OF MEMBER DISCHARGING WEAPON		71. POSITION OF MEMBER DISCHARGING WEAPON		72. TOTAL NO. OF SHOTS MEMBER FIRED	
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		74. NOTIFICATIONS (OC OR TASER INCIDENT):		75. NOTIFICATIONS (FIREARM INCIDENT):		76. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.	
77. REPORTING MEMBER (Print Name)		78. STAR/EMPLOYEE NO.		79. SIGNATURE		80. DATE REVIEWED	
81. REVIEWING SUPERVISOR (Print Name)		82. STAR NO.		83. SIGNATURE		84. TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment at the hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that further investigation is required.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1045673 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2011 06:10:07

79. DISTRIBUTION OF ORIGINAL TTR:

A TTR PACKET, INCLUDING THE TTR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ C.O.D. REPORT

20. TOTAL TTRs THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)